

**CONNECTICUT OFFICE OF EARLY CHILDHOOD
DIVISION OF LICENSING**



Type of Inspection: Initial Unannounced Full Announced Full Partial Follow-Up Change of Location

Over the Rainbow II
700 Hartford Turnpike
Hamden

1-6-25
70635
203-230-8449

9:31
1-31-26
open

L11 Munchkins LLC
info@overtherainbowkids.com
Jumie Moran

# of Staff Present: 14	# over 3 Present: 16	# under 3 Present: 24
Total Capacity: 78	Total Under 3 capacity: 47	Ages Served: 6w-12y
M-F 7:00-6:00pm		

Endorsements: Under Three (6wks - 36m) Preschool (3y - 5y) School Age (5y & up) Night Care (6wks & up)

HOPE and CONSULTANTS

1. (c)(8) Local Health Inspection-Date: 1-3-25

ADMINISTRATIVE		HOPE and CONSULTANTS	
<input checked="" type="checkbox"/> 2. (a)	Ensuring health & safety of children	<input checked="" type="checkbox"/> 19. (a)(1)	Staff health records
<input checked="" type="checkbox"/> 3. (b)	Overall management of program	<input checked="" type="checkbox"/> 20. (a)(3)	Disciplinary actions
<input checked="" type="checkbox"/> 4. (b)(6)	Employee orientation for new program staff	<input checked="" type="checkbox"/> 21. (b)	Comprehensive Background Checks
<input checked="" type="checkbox"/> 5. (b)(6)	Annual policy training for program staff	<input checked="" type="checkbox"/> 22. (b)(4)	Evidence of compliance
<input checked="" type="checkbox"/> 6. (b)(7)(A)	Child behavior management	<input checked="" type="checkbox"/> 23. (d)	Adequate staffing
<input checked="" type="checkbox"/> 7. (b)(7)(B)	Documentation that parents were informed of behavior management techniques	<input checked="" type="checkbox"/> 24. (d)(1)	Designated head teacher-approved-60%
<input checked="" type="checkbox"/> 8. (b)(7)(C)	Child Protection	<input checked="" type="checkbox"/> 25. (d)(2)	Two staff present-age 18 or older
<input checked="" type="checkbox"/> 9. (b)(7)(E)	Mandated Reporting	<input checked="" type="checkbox"/> 26. (d)(3)(A-C)	Personal qualities of staff
<input checked="" type="checkbox"/> 10. (c)(1-4)	Notification of Change	<input checked="" type="checkbox"/> 27. (d)(4)(A)	RATIOS
<input checked="" type="checkbox"/> 11. (d)(2)(A)	POLICIES-COMplete/IMPLEMENTED	<input checked="" type="checkbox"/> 28. (d)(4)(B)	Ratio 1:10 - Indoors/Outdoors
<input checked="" type="checkbox"/> 11. (d)(2)(B-C)	Discipline policy	<input checked="" type="checkbox"/> 29. (d)(4)(D)	Mixed age group-ratios
<input checked="" type="checkbox"/> 11. (d)(3)	Child Protection policy	<input checked="" type="checkbox"/> 30. (d)(5)	Nap time ratio
<input checked="" type="checkbox"/> 11. (d)(4)(A)	Closing time policy	<input checked="" type="checkbox"/> 31. (d)(5)(A)	Supervision-Indoors/Outdoors
<input checked="" type="checkbox"/> 11. (d)(4)(B)	Medical emergency policy	<input checked="" type="checkbox"/> 32. (d)(5)(B)	GROUP SIZE
<input checked="" type="checkbox"/> 11. (d)(4)(B)	Multi-Hazards policy-annual drill	<input checked="" type="checkbox"/> 33. (e)(1)	Group Size-Indoors/Outdoors
<input checked="" type="checkbox"/> 11. (d)(5)	Supervision policy	<input checked="" type="checkbox"/> 34. (f)(1)	Group Size-school age field trips/outdoors
<input checked="" type="checkbox"/> 11. (d)(6)	General Operating policies	<input checked="" type="checkbox"/> 35. (f)(2)	Mixed age group-group size
<input checked="" type="checkbox"/> 11. (d)(6)(C)	Administrative Oversight policy	<input checked="" type="checkbox"/> 34. (a)(2)	Designated director-training
<input checked="" type="checkbox"/> 11. (d)(7)	Personnel policies	<input checked="" type="checkbox"/> 35. (h)(1)(2)	CPR certified program staff
<input checked="" type="checkbox"/> 12. (d)(1)	Daily attendance-children/staff- keep 1 yr.	<input checked="" type="checkbox"/> 35. (h)(1)(2)	First aid certified program staff
<input checked="" type="checkbox"/> 13. (f)	ACCESS	<input checked="" type="checkbox"/> 35. (i)(1)(A-D)	PROFESSIONAL DEVELOPMENT
<input checked="" type="checkbox"/> 13. (h)	Immediate access by parents	<input checked="" type="checkbox"/> 35. (i)	Documentation
<input checked="" type="checkbox"/> 14. (l)	Immediate access by OEC-facility/records	<input checked="" type="checkbox"/> 35. (i)(2)(A-H)	Health & Safety training
<input checked="" type="checkbox"/> 15. (m)	2.8 yr olds enrolled in preschool-authorization	<input checked="" type="checkbox"/> 35. (F)	1% annual hours
<input checked="" type="checkbox"/> 16. (n)	Motor vehicle laws-transportation	<input checked="" type="checkbox"/> 35. (i)(2)	SWIMMING ACTIVITIES - Y/N
<input checked="" type="checkbox"/> 17. (o)	Capacity	<input checked="" type="checkbox"/> 35. (H)(i)-(I)(i)	Swimming-Ratios
<input checked="" type="checkbox"/> 17. (o)	Respond to OEC-no false, misleading statements or documents		Non-swimmers identified
<input checked="" type="checkbox"/> 18. (e)(1)	POSTINGS		CPR certified staff-age 20 or older
<input checked="" type="checkbox"/> 18. (e)(2)	License posted		Lifeguard-certified-supervising
<input checked="" type="checkbox"/> 18. (e)(3)	OEC Complaint Procedure posted		CONSULTANTS
<input checked="" type="checkbox"/> 18. (e)(4)	Menus posted		Consultants-Education, Health, Social Service, Dietitian (N/A)
<input checked="" type="checkbox"/> 18. (e)(5)	No Smoking posted signs at entrances		Consultant agreements-signed annually
<input checked="" type="checkbox"/> 18. (e)(6)	OEC Inspection report posted or available		Agreements complete w/required services
<input checked="" type="checkbox"/> 18. (e)(6)	Developmental Milestones posted		Consultant logs-documented activities, observations and required services
			Consultant visits- Education/Health

	Contracts	Logs	Visits
Education	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Health	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Soc. Serv.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Dietitian	N/A	h/c	

PARTICULAR DATE: Over the Rainbow 11

HOME NUMBER: 70635

DATE OF INSPECTION: 1-6-25

PHYSICAL PLANT 19a-79-7a

UNDER THREE ENDORSEMENT 19a-79-10

<input checked="" type="checkbox"/>	108.	(g)(5)	Manufacture guidelines followed-furniture, equipment and toys-CPSC unsafe/recalls
<input checked="" type="checkbox"/>	109.	(g)(6)	Indoor climbing play equipment-shock absorbing materials under and around
<input checked="" type="checkbox"/>	110.	(j)	No weapons/no facsimile of a firearm
<input checked="" type="checkbox"/>	111.		OUTDOOR SPACE
<input checked="" type="checkbox"/>		(h)(1)	Adequate space- 75 sq. ft. per child
<input type="checkbox"/>		(h)(2)	Shock absorbing surfaces-minimum 8"
<input checked="" type="checkbox"/>		(h)(3)	Playground free from hazards
<input checked="" type="checkbox"/>		(h)(4)	Nuts, bolts, screws-tight, covered/protected
<input checked="" type="checkbox"/>		(h)(5)	Outside equipment anchored-anchors buried
<input checked="" type="checkbox"/>		(h)(6)	New equip- cert play. Inspection upon request
<input checked="" type="checkbox"/>		(h)(8)	Drinking water available/accessible
<input checked="" type="checkbox"/>		(h)(9)	Equipment arranged for safety-equip/fences/structures not hazardous
<input checked="" type="checkbox"/>	112.		OUTDOOR PROTECTED/FENCING
<input checked="" type="checkbox"/>		(h)(7)	Playground protected from traffic, water, gullies or other hazards
<input checked="" type="checkbox"/>	113.	(h)(7)(A)	Fences installed to protect from hazards-4 ft
<input checked="" type="checkbox"/>		(h)(7)(B)	Fences installed to protect from water-4 ft, self closing and self latching devices or locks
<input checked="" type="checkbox"/>	114.	(h)(7)(C)	Rooftop play areas-6 ft. wall/barrier
<input checked="" type="checkbox"/>			WATER HAZARDS
<input checked="" type="checkbox"/>		(i)	Pools, swimming areas-conforms to 19-13-B33b and 19a-36-B61
<input type="checkbox"/>		(i)	Wading pools prohibited
<input type="checkbox"/>		(i)	Hot tubs/spas/saunas-locked/inaccessible

<input checked="" type="checkbox"/>	129.	(f)(1)	LINENS/CLOTHING
<input checked="" type="checkbox"/>		(f)(2)	Linens/emergency clothing available
<input checked="" type="checkbox"/>		(f)(3)	Linens washed weekly or as needed
<input type="checkbox"/>		(f)(4)	Linens/clothing stored individually
<input checked="" type="checkbox"/>	130.		Cribs/cots cleaned-linens changed when shared
<input checked="" type="checkbox"/>		(g)(1)	SAFE SLEEP
<input checked="" type="checkbox"/>		(g)(1)	Under 12 mths placed on back for sleeping
<input checked="" type="checkbox"/>		(g)(1)	Crib-snug fitting mattress/tightly fitted sheet
<input checked="" type="checkbox"/>		(g)(2)	Alternate sleep position/equipment-medical documentation for medical reason on file
<input checked="" type="checkbox"/>		(g)(3)	Infants allowed to adopt other sleep positions
<input type="checkbox"/>		(g)(4)	No items in/on cribs-blankets, toys, bumpers, pillows, weighted blankets/sleepers/swaddles
<input checked="" type="checkbox"/>		(g)(5)	No unapproved sleeping-car seats/swings/beds, etc.
<input type="checkbox"/>		(g)(6)	No swaddling w/o written documentation from MD/PA/APRN- instructions/timeframes
<input checked="" type="checkbox"/>		(g)(7)	Observe/assess infants at least every 15 minutes
<input checked="" type="checkbox"/>		(g)(8)	Teething necklaces/bracelets, jewelry inaccessible
<input checked="" type="checkbox"/>	131.	(h)(1)	Safe sleep policies posted/parents informed
<input checked="" type="checkbox"/>	132.	(h)(1)	Infant toys-separate/washed/sanitized daily
<input checked="" type="checkbox"/>	133.	(h)(2)	Toddler toys-washed/sanitized weekly
<input checked="" type="checkbox"/>	134.	(h)(2)	No toys/objects less than 1 1/4" diameter
<input checked="" type="checkbox"/>	135.	(i)(1)(2A-C)	Plastic bags/balloons/styrofoam inaccessible unless under direct supervision
<input type="checkbox"/>	136.	(j)	Health consultant visits/documentation
			FEEDING
			Infants held for bottles - chairs for feeding - individual attn, tummy time, crawl/toddle
			Written feeding schedule from parent-updated
			Unused formula/milk discarded after feedings
			Clean bottles/disposable bottles/appvd washing
			Baby food served from dish or whole jar
			Bottles labeled with child's name
			Outdoor spaced fenced-4 ft lic. after 1/1/25
			Outdoor equipment-developmentally appropriate for ages of the children
			Shock ab materials less than 1 1/4"-or measures in place to ensure their health & safety

EDUCATIONAL REQUIREMENTS 19a-79-8a

<input checked="" type="checkbox"/>	115.	(a)	Written daily/weekly educational plan-developmentally appropriate
<input checked="" type="checkbox"/>	116.	(a)	EDUCATIONAL REQUIREMENTS
<input checked="" type="checkbox"/>		(1)-(11)	Indoor/outdoor, flexible schedule, cultural content, balanced experiences, exploration and discovery, variety of materials, rest/sleep/quiet time, meals/snacks, toileting, individual/small group activities, physical activity
<input checked="" type="checkbox"/>		(b)	Limited access to screen time/video games

<input checked="" type="checkbox"/>	137.	(l)(1)	
<input checked="" type="checkbox"/>	138.	(l)(2)	
<input checked="" type="checkbox"/>	139.	(l)(3)	

UNDER THREE ENDORSEMENT 19a-79-10

SCHOOL AGE ENDORSEMENT 19a-79-11

<input checked="" type="checkbox"/>	117.	(b)	Approved Under 3 Endorsement
<input checked="" type="checkbox"/>	118.	(c)(2)	Ratios- 1:4 (6wks-24mths), 1:5 (24-36mths)
<input checked="" type="checkbox"/>	119.	(c)(3)	Group size-max 8 (6wks-24mths), max 10 (24-36mths)
<input checked="" type="checkbox"/>	120.	(c)(4)	Physical barriers- indoors/outdoors
<input checked="" type="checkbox"/>	121.	(d)(1)(A-C)	Adequate sinks in program space (Grp Homes accessible) handwashing-diapering-food prep
<input checked="" type="checkbox"/>	122.	(d)(2)(A-i-iii)	Cribs-in compliance w/CPSC (manf. after 6/28/11)
<input checked="" type="checkbox"/>	123.	(d)(2)(B)	Washable cots
<input checked="" type="checkbox"/>	124.	(d)(2)(C)	Chairs for feeding-stable base-safety straps-locking tray
<input checked="" type="checkbox"/>	125.	(d)(2)(D)	Dev. appropriate tables/chairs/equipment
<input checked="" type="checkbox"/>	126.	(d)(2)(E)	Refrigerator and food prep facilities
<input checked="" type="checkbox"/>	127.	(d)(3)(A-C)	Optional furniture/equip-safe/hazard free
<input checked="" type="checkbox"/>	128.		DIAPERING
<input checked="" type="checkbox"/>		(e)(1)	Diaper area: elevated/sturdy/safety rail
<input checked="" type="checkbox"/>		(e)(2)	Diaper area: used only for this purpose, located in the program area
<input checked="" type="checkbox"/>		(e)(3)	Diaper area: non-porous surface/good repair
<input checked="" type="checkbox"/>		(e)(4)	Diaper area: washed/disinfected after use
<input checked="" type="checkbox"/>		(e)(5)	Diaper area: disposable paper sheets
<input checked="" type="checkbox"/>		(e)(6)(9)	Covered waste receptacle-removed daily
<input checked="" type="checkbox"/>		(e)(7)	Handwashing-staff/children
<input checked="" type="checkbox"/>		(e)(8)	Diapering-Handwashing policies-posted/followed
<input checked="" type="checkbox"/>		(e)(10)(A-C)	Cloth diapers-written plan developed

<input type="checkbox"/>	140.	(b)	Approved Schl Age Endorsement
<input type="checkbox"/>	141.	(c)	SCHEDULE - ACTIVITIES
<input type="checkbox"/>	142.	(c)(1)	Written daily program plan-flexible schedule-available to staff/parents
<input type="checkbox"/>		(c)(2)	Activities not a duplication of child's day
<input type="checkbox"/>		(c)(3)	Activities include cognitive, physical, social, emotional needs of the children
<input type="checkbox"/>		(d)	Program includes free time, snacks, creative/physical/small group/self-concept activities, homework time, special events
<input type="checkbox"/>	143.	(e)	Ratio- 1:15
<input type="checkbox"/>	144.	(f)	Group size- max. 30
<input type="checkbox"/>	145.	(g)	4 yr. olds enrolled in schl age-written authorization/permission from director/parent
<input type="checkbox"/>	146.		Head teacher approved- 60%

Over the Rainbow 11

70635

1.6.25

RECORD KEEPING 19a-75-7a

PHYSICAL PLANT 19a-75-7a

<input checked="" type="checkbox"/> 36.	(a)(1)(A-C)	Children's Enrollment information
<input checked="" type="checkbox"/> 37.	<input checked="" type="checkbox"/> (a)(1)(D)(i) <input checked="" type="checkbox"/> (a)(1)(D)(ii) <input checked="" type="checkbox"/> (a)(1)(D)(iii) <input checked="" type="checkbox"/> (a)(1)(D)(iv)	PARENT PERMISSIONS Emergency medical permission Authorized release permission Field trip permission Transportation permission
<input checked="" type="checkbox"/> 38.	(a)(2)(A-B)	Child Health Records
<input checked="" type="checkbox"/> 39.	(a)(2)(C)	Immunization records
<input checked="" type="checkbox"/> 40.	(a)(2)(E)	Individual care plan-signed by parents/staff
<input checked="" type="checkbox"/> 41.	(a)(3)(A)	Injury, Illness, Incident, Accident reports
<input checked="" type="checkbox"/> 42.	(a)(3)(B)	Parent notification of illness or injury
<input checked="" type="checkbox"/> 43.	(a)(3)(C)(i-ii)	Notify OEC of serious injuries, fatality
<input checked="" type="checkbox"/> 44.	(a)(3)(D)	Notify DPH, local health-reportable diseases
<input checked="" type="checkbox"/> 45.	(a)(4)	Video recordings- keep 30 days

HEALTH and SAFETY 19a-75-6a

<input checked="" type="checkbox"/> 46.	(a)(1)	Preparation, transportation of food-follow DPH Model Food Code N/A
<input checked="" type="checkbox"/> 47.	(a)(2)	Nutritious meals and snacks
<input checked="" type="checkbox"/> 48.	(a)(3)	Proper refrigeration-41 degrees
<input checked="" type="checkbox"/> 49.	(a)(4)	Menus-1 wk in advance- keep 3 mths
<input checked="" type="checkbox"/> 50.	(a)(5)	Food Service Inspection N/A
<input checked="" type="checkbox"/> 51.	(a)(6)	Kitchen-clean, safe storage of food/supplies
<input checked="" type="checkbox"/> 52.	(a)(7)	Separate hand washing facilities
<input checked="" type="checkbox"/> 53.	(a)(8)	Multi-use eating/drinking utensils
<input checked="" type="checkbox"/> 54.	(a)(9)	Kitchen separated (Schl age only N/A)
<input checked="" type="checkbox"/> 55.	(a)(10)	Children supervised during meal prep
<input checked="" type="checkbox"/> 56.	(a)(11)	Handwashing-staff/children
<input checked="" type="checkbox"/> 57.	(b)(1)	Illness procedures-staff knowledgeable, children observed for signs/symptoms
<input checked="" type="checkbox"/> 58.	(b)(2)	Designated isolation area
<input checked="" type="checkbox"/> 59.	<input checked="" type="checkbox"/> (c)	FIRST AID KITS -portable, accessible to staff, closed container-Indoor/Outdoor/Field Trips
<input checked="" type="checkbox"/> 60.	<input checked="" type="checkbox"/> (c)	FIRST AID SUPPLIES -Indoor/Outdoor-adhesive strips, 3-4" gauze squares, 2" rolled gauze, tape, scissors, tweezers, 2 cold packs, thermometer, gloves, CPR mouth barrier
<input checked="" type="checkbox"/> 61.	<input checked="" type="checkbox"/> (d)	FIRST AID SUPPLIES -add'l for field trips water, phone, soap, emergency numbers, medications, plastic bags

PHYSICAL PLANT 19a-75-7a

<input checked="" type="checkbox"/> 62.	(a)(2)	Fire marshal codes/certificate <u>7.18.24</u>
<input checked="" type="checkbox"/> 63.	(b)	Indoor/Outdoor space inspected/approved
<input checked="" type="checkbox"/> 64.	(b)(1)-(5)	Construction/expansion/renovation/conversion
<input checked="" type="checkbox"/> 65.	(b)(6)	Space not inspected/approved but used for field trips-written parent permission
<input type="checkbox"/> 66.	(c)(2)	Licensed premises-clean, good repair, hazard free, maintenance program established
<input checked="" type="checkbox"/> 67.	(c)(3)	Building/Equipment/Furnishings-sanitary, hazard free (Schl age only) N/A
<input checked="" type="checkbox"/> 68.	(c)(4)	Testing of premises/grounds for chemicals
<input checked="" type="checkbox"/> 69.	<input checked="" type="checkbox"/> (c)(5)(A) <input checked="" type="checkbox"/> (c)(5)(B) <input checked="" type="checkbox"/> (c)(5)(C)	WATER SUPPLY - Public/Well (Schools-N/A) Lead Water Test - Date: <u>6.7.23</u> Bact./Chem Test-Date: _____ N/A Drinking water available/accessible
<input checked="" type="checkbox"/> 70.	<input checked="" type="checkbox"/> (c)(6)(A) <input checked="" type="checkbox"/> (c)(6)(B-D)	LEAD PAINT - Peeling Paint - Y N Inside/Outside Building Pre-78: Y N Lead Test: Y N Results _____ Lead Management Plan <u>NA</u>
<input checked="" type="checkbox"/> 71.	(d)(1)	Emergency vehicle access

<input checked="" type="checkbox"/> 72.	(d)(2)	Walkways maintained
<input checked="" type="checkbox"/> 73.	(d)(3)	Windows protected to prevent falls
<input checked="" type="checkbox"/> 74.	(d)(3)	Window screens (Schl age only- N/A)
<input checked="" type="checkbox"/> 75.	(d)(4)	Glass and mirrors protected to 36"
<input checked="" type="checkbox"/> 76.	(d)(5)	Overhead doors-locking devices, spring protectors N/A
<input checked="" type="checkbox"/> 77.	(d)(6), (f)(3)	Exits, stairs, hallways unobstructed
<input checked="" type="checkbox"/> 78.	(d)(7)	Individual storage of clothing/bedding
<input checked="" type="checkbox"/> 79.	(d)(8)	Smoking or vaping prohibited on premises/grounds
<input checked="" type="checkbox"/> 80.	(d)(8)	Matches/lighters inaccessible
<input checked="" type="checkbox"/> 81.	(d)(9)	Electrical safety-outlets inaccessible -covered or protected (Schl age only-N/A)
<input checked="" type="checkbox"/> 82.		TOILETING
<input checked="" type="checkbox"/> (d)(10)(A)		Shared toilets/sinks-supervision plan
<input checked="" type="checkbox"/> (d)(10)(B)		Toileting needs met
<input checked="" type="checkbox"/> (d)(10)(C)		Potty chairs-nonporous, emptied, disinfected
<input checked="" type="checkbox"/> (d)(10)(C)		Required toilets/sinks-1:16
<input checked="" type="checkbox"/> (d)(10)(D)		Required toilets/sinks-1:25 schl age only
<input checked="" type="checkbox"/> (d)(10)(E)		Toileting Supplies-Hand drying-Garbage
<input checked="" type="checkbox"/> (d)(10)(E)		Handwashing staff/children
<input checked="" type="checkbox"/> (d)(10)(F)		Toilets/sinks located-at the facility or licensed premises
<input checked="" type="checkbox"/> (d)(10)(G)		Well lighted/ventilated toilet rooms
<input checked="" type="checkbox"/> (d)(10)(H)		Mechanical ventilation (Grp Homes N/A)
<input checked="" type="checkbox"/> 83.	(d)(11)	Staff personal articles inaccessible
<input checked="" type="checkbox"/> 84.		AIR TEMPERATURE
<input type="checkbox"/> (e)(1)		Air temp 65 °F at 3 ft -non-mercury thermometer affixed to wall (Schl age only N/A)
<input checked="" type="checkbox"/> (e)(1)		Air temp <65°F comfortable (Schl age only-N/A)
<input checked="" type="checkbox"/> (e)(2)		Air temp > 80 °F - ↑ fluids/ventilation
<input type="checkbox"/> (e)(3)		Water temperature 60 °F - 120 °F
<input checked="" type="checkbox"/> 86.	(e)(4)	Portable space heaters prohibited
<input checked="" type="checkbox"/> 87.	(e)(5)	Walls/ceilings/floors/rugs-clean/good repair
<input checked="" type="checkbox"/> 88.	(e)(5)	Rugs- not tripping/slipping hazard
<input checked="" type="checkbox"/> 89.	(e)(6)	Hot water/Steam pipes protected
<input checked="" type="checkbox"/> 90.	(e)(7)	Working phone on each level
<input checked="" type="checkbox"/> 91.	(e)(7)	Emergency numbers posted-adjacent to phones
<input checked="" type="checkbox"/> 92.	(e)(7)	Parents provided direct on site phone number
<input type="checkbox"/> 93.	(e)(7)	LIGHTING
<input checked="" type="checkbox"/> (e)(8)		All areas min. 1 foot candle of lighting
<input type="checkbox"/> (e)(9)		Adequate lighting-30/50 candle feet-napping children-sufficient lighting to be visible
<input checked="" type="checkbox"/> (e)(9)		Schl age only-lighting for comfort
<input checked="" type="checkbox"/> (e)(9)		Light fixtures shielded/shatter proof
<input checked="" type="checkbox"/> (e)(10)		Potentially hazardous substances, materials - labeled, inaccessible
<input checked="" type="checkbox"/> 95.	(e)(11)	Garbage/rubbish-disposed of daily, containers in good repair
<input checked="" type="checkbox"/> 96.	(e)(12)	Stairs-protected/good repair-handrails
<input checked="" type="checkbox"/> 97.	(e)(13)	Toxic plants/materials inaccessible
<input checked="" type="checkbox"/> 98.	(e)(14-15)	Pets or other animals-in good health, written care plan including access to children
<input checked="" type="checkbox"/> 99.	(e)(16)	Prevention of vermin-openings screened
<input checked="" type="checkbox"/> 100.	(e)(17)	Radon test- Results: <u>1.2</u> N/A
<input checked="" type="checkbox"/> 101.	(e)(17)	Results posted-Date: <u>6.3.07</u> (Schls-N/A)
<input checked="" type="checkbox"/> 102.	(e)(18)	Carbon monoxide detector-each level N/A
<input checked="" type="checkbox"/> 103.	(f)(1)(A)	Program space-adequate-35 sq. ft. per child
<input checked="" type="checkbox"/> 104.	(g)(1)	Equipment-clean and safe, good repair, non-toxic-sturdy, free from protruding nails, rust
<input checked="" type="checkbox"/> 105.	(g)(2)	Adequate equipment for rest-cleaned-cots (Grp Homes-mats/sleeping bags)
<input checked="" type="checkbox"/> 106.	(g)(3)	Air conditioners, water heaters, fuse boxes inaccessible
<input checked="" type="checkbox"/> 107.	(g)(4)	Developmentally app equipment, materials

<input type="checkbox"/> 147. (b)	Approved Night Care Endorsement	<input checked="" type="checkbox"/> 171. (a)(1)	Written policies and procedures
<input type="checkbox"/> 148. (b)(1)	Person in charge-head teacher	<input checked="" type="checkbox"/> 172. (b)(1)(A)	STAFF TRAINING
<input type="checkbox"/> 149. (b)(2)	Written plan for program activities- meet individual needs, sleep patterns, quiet activities	<input checked="" type="checkbox"/> (b)(1)(B) (i)-(iii)	Staff training – first aid
<input type="checkbox"/> 150. (b)(3)	Written plan for supervision including cot placement and evacuation	<input checked="" type="checkbox"/> (b)(2)	Staff training – use/storage/maintenance of monitoring equipment, reading test results, appropriate actions
<input type="checkbox"/> 151. (b)(4)	Children in care no more than 12 hrs. in 24	<input checked="" type="checkbox"/> (b)(3)	Training updated at least every 3 years
<input type="checkbox"/> 152. (b)(5)	Staff awake and available	<input checked="" type="checkbox"/> (c)(2)	Written documentation of training
<input type="checkbox"/> 153. NA	SLEEP PROVISIONS	<input checked="" type="checkbox"/> (c)(3)	Trained staff on site when child is present
<input type="checkbox"/> (b)(6)	Individual cot/crib with bedding	<input checked="" type="checkbox"/> 173. (d)(1)	Self-administration - written authorization and under supervision of trained staff
<input type="checkbox"/> (b)(6)(A)	Sleeping apparel/toiletries labeled	<input checked="" type="checkbox"/> 174. (d)(2)	Equipment provided by parents
<input type="checkbox"/> (b)(6)(B)	Required bedding	<input checked="" type="checkbox"/> 175. (d)(3)	Equipment labeled and inaccessible
<input type="checkbox"/> (b)(6)(C)	Required toiletries	<input checked="" type="checkbox"/> 176. (e)(1)	Signed agreement with parent regarding equipment, supplies, materials to be discarded
<input type="checkbox"/> (b)(6)(D)	Bedding/sleeping apparel laundered weekly	<input checked="" type="checkbox"/> 177. (e)(2)	Authorized prescriber written order
<input type="checkbox"/> (b)(7)	Sleep arrangements for infants	<input checked="" type="checkbox"/> 178. (e)(3)	Written authorization from parent
<input type="checkbox"/> 154. (b)(8)	Air temp 65 °F at 3 ft	<input checked="" type="checkbox"/> 179. (e)(3)	Testing results and actions taken – documented and kept on file, ensure parents are notified daily
<input type="checkbox"/> 155. (b)(9)	Fire marshal approval-hours specified		
<input type="checkbox"/> 156. (b)(10)	Local health approval		

ADMINISTRATION OF MEDICATIONS 19a-79-9a Y/N **ADDITIONAL VIOLATION**

<input checked="" type="checkbox"/> 157. (9a)	Written medication policies/procedures	<input checked="" type="checkbox"/> 180. -	Consent Order/Negotiated Corrective Action Plan conditions N/A
<input checked="" type="checkbox"/> 158. (9a)	Permit enrollment of children with asthma, allergies, diabetes		

DISCUSSIONS - COMMENTS

<input checked="" type="checkbox"/> 159. (a)(2)	Admin/Parent permission/report errors	Reviewed new Reg- discussed emergency plans administrative oversight policy	
<input checked="" type="checkbox"/> (a)(3)(A-B)	Labeling and Storage		
<input checked="" type="checkbox"/> (a)(3)(C)	Unused/expired meds destroyed/returned		
<input checked="" type="checkbox"/> 160. (b)(1)(A/C)	MEDICATION TRAINING		
<input checked="" type="checkbox"/> (b)(1)(D)	Medication training-general-oral/top/inhalant		
<input checked="" type="checkbox"/> (b)(1)(E)	Injectable premeasured autoinjector medication		
<input checked="" type="checkbox"/> (b)(1)(F)	Rectal medication		
<input checked="" type="checkbox"/> (b)(2)(A-B)	Injectable other than premeasured auto-injector		
<input checked="" type="checkbox"/> (b)(2)(C)	Training approval documents/certificates		
<input checked="" type="checkbox"/> (b)(2)(C)	Training outline on file		
<input checked="" type="checkbox"/> 161. (b)(3)(A-B)	Authorized prescriber/parent permission		
<input checked="" type="checkbox"/> 162. (b)(3)(D)	Medication errors- documentation, parent(s) and OEC notification		
<input checked="" type="checkbox"/> 163. (b)(4)(A-B)	Medication Administration Records (MAR)		
<input checked="" type="checkbox"/> 164. (b)(5)(A-B)	Labeling and Storage		
<input checked="" type="checkbox"/> 165. (b)(5)(C)	Emergency medication inaccessible		
<input checked="" type="checkbox"/> 166. (b)(5)(D)	Unused/Expired meds-destroyed/returned		
<input checked="" type="checkbox"/> 167. (b)(5)(E)	Auto-injector/inhalant equipment		
<input checked="" type="checkbox"/> 168. (b)(6)	Self-administration documentation		
<input checked="" type="checkbox"/> 169. (b)(7)(A-B)	Petition for special medication authorization		
<input type="checkbox"/> 170. (d)	Potassium Iodide (KI) emergency distribution-permission and storage N/A		

SIGNATURE OF OEC STAFF	<i>Jennifer Schultz</i>	SIGNATURE OF PERSON IN CHARGE	<i>Jaime Tessman</i>
PRINTED NAME	Jen Schultz	PRINTED NAME	Jaime Tessman

OEC DIVISION OF LICENSING
 450 Columbus Blvd, Suite 302, Hartford, CT 06103
 Help Desk: (800)282-6063 or (860)500-4450
 Website: www.ctoec.org/licensing Email: oec.licensing@ct.gov

Inspection shall be posted or available by: **1:30 25**

Written Corrective Action Plan Due by: **1:30 25**

CAP: <https://www.ctoec.org/forms-documents/corrective-action-plan-and-resolving-disputed-violations.pdf/>

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Over the Rainbow II License # 10635 Date: 1.6.25

Observations/Corrections needed:

#66 observed unclean microwaves in 2 classrooms
observed dangling charging cords for classroom ipad/tablets
in 6 out of 10 ^{class-}rooms

~~observed 2 unclean microwaves.~~ (JS)

#86 water temperature in hand wash sink measure 122 or greater in infant 1, toddler 1, childrens bathroom.

#94(e)(9) observed lighting over green classroom table, in preschool room, to measure less than 30 feet candles, with lights on and curtains open. table used for writing, puzzles eating

#121 ~~program~~ ^{JS} observed food matter in sink (hand wash only) in toddler 1 room. Staff indicate they dump small amounts of liquids in hand wash ^{only} sink.

#136 Observed ^{JS} staff in infant room 1 to be seated in high chair, ^{infant} consuming a bottle. Staff did not hold infant for bottle feeding.

Operator provided change form to OEC during inspection, regarding owner/operator name change

S = Substantiated NS = Not Substantiated P = Pending (if applicable)

Operators/providers are required by regulations and statutes to be in compliance at all times.

Signature: Jennifer Schultz
(OEC Representative)

Print Name: Jen Schultz

CORRECTIVE PLAN SHALL BE RETURNED TO

Signature: Jaime TESSMAN
(Person in Charge)

OEC BY: 1.20.25

Print Name: Jaime TESSMAN